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02/05/18--01021--004 **80.00



FEBOS 75.75 J. HARRIS

COVER LETTER

Division of Corp		
SUBJECT:	Banddebra LLC	
	Name of Limited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Pachel Glottm	ann
	Dandelor Firm/Company	a LLC
	29 NW 965T	.
	Rague of the Born State and Zip Code Rague of the Company of the	33150 notification)
For further information co	oncerning this matter, please call:	
Aachel E	f Person at (305) 79. Area Code Day	49603 ytime Telephone Number
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Band	Idebra			
(Name of the Limited Liability (A Florida L	Company as it now a limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L170001</u> 20725		n <u>(</u> 6- 02 -	2017 and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability compar	ny here:		
Bandebra				
The new name must be distinguishable and contain the words "Limite	ed Liability Company,"	the designation "LLC" or	the abhreviation "I.	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
				,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			- Cr.	
				·
B. If amending the registered agent and/or registered agent and/or the new registered office addre		s on our records, g	nter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Ente	r Florida street address		
		, Floric	ia	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			🗆 Remove
			□ Change
			☐ Remove
			Change
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			□ Add
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			☐ Change
			
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refrective date is in	serted in this block does	not meet the applicable	statutory filing require	ments, this date will	not be	listed a
	e date on the Departmen	nt of State's records.				
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Filing Fee: \$25.00